

FD-302a (2-03)

## FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEES

IN THE CASE OF US v.s. Michael PINA FOR

LOCATION NUMBER

AT

PERSON REPRESENTED (Show your full name)

- 1 ☐ Defendant—Adult  
 2 ☐ Defendant - Juvenile  
 3 ☐ Appellant  
 4 ☐ Probation Violator  
 5 ☐ Parole Violator  
 6 ☐ Habeas Petitioner  
 7 ☐ 2255 Petitioner  
 8 ☐ Material Witness  
 9 ☐ Other

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable &amp; check box →)

- ☐ Felony  
☐ Misdemeanor

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

| ASSETS | EMPLOYMENT   | Are you now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed<br>Name and address of employer: _____<br>IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment<br>How much did you earn per month? \$ _____<br>If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____ |       |             |  |  |  |  |  |  |  |
|--------|--------------|--|-------|-------------|--|--|--|--|--|--|--|
|        | OTHER INCOME | Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>RECEIVED SOURCES<br>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____   |       |             |  |  |  |  |  |  |  |
|        | CASH         | Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____  |       |             |  |  |  |  |  |  |  |
|        | PROPERTY     | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT<br><table border="1"> <thead> <tr> <th>VALUE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>  | VALUE | DESCRIPTION |  |  |  |  |  |  |  |
| VALUE  | DESCRIPTION  |  |       |             |  |  |  |  |  |  |  |
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|        |              |  |       |             |  |  |  |  |  |  |  |

|                     |   |  |                                  |  |
|---------------------|---|--|----------------------------------|--|
| OBLIGATIONS & DEBTS | DEPENDENTS  | MARITAL STATUS<br><input checked="" type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> SEPARATED OR DIVORCED | Total No. of Dependents<br>_____ | List persons you actually support and your relationship to them<br>_____<br>_____<br>_____ |
|                     | DEBTS & MONTHLY BILLS<br>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) | APARTMENT OR HOME:   | Creditors                        | Total Debt   |
|                     |   | _____  | _____                            | _____  |
|                     |   | _____  | _____                            | _____  |
|                     |   |  | Monthly Payment                  |  |
|                     |   |  | _____                            | _____  |
|                     |   |  | _____                            | _____  |
|                     |   |  | _____                            | _____  |

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)Michael Pina